DOCUMENT RESUME

ED 234 249 CE 037 025

TITLE	Completing Employment Forms. Cooperative Occupational Education, Unit 10. Instructor Material and Student Material.
INSTITUTION	Missouri Univ., Columbia. Instructional Materials Lab.
SPONS AGENCY	Missouri State Dept. of Elementary and Secondary Education, Jefferson City. Div. of Vocational Education.
PUB DATE	83
NOTE	43p.; For related documents, see CE 037 015-035.
AVAILABLE FROM	Instructional Materials Laboratory, University of Missouri - Columbia, 10 Industrial Education Building, Columbia, MO 65211 (Instructor material for entire set: SN-31-I, $25.00; Complete set of student material: SN-31-S, $15.00. Packets not available separately).
PUB TYPE	Guides - Classroom Use - Materials (For Learner) (051) -- Guides - Classroom Use - Guides (For Teachers) (052)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	Behavioral Objectives; *Career Education; Competency Based Education; *Cooperative Education; Curriculum Guides; Instructional Materials; *Job Application; Learning Activities; *Records (Forms); Secondary Education; Transparencies; Vocational Education
IDENTIFIERS	*Special Needs Students

ABSTRACT

This unit, one in a series of packets of teacher and student materials for cooperative occupational education (COE) designed for special needs students, is intended to develop student competency in completing employment forms. Each unit will probably require more than a single period of instruction. Instructor materials include performance objectives (unit and specific objectives), suggested activities for teacher and students, supplemental activities, a list of instructional materials included in the unit and additional references, information topic sheets, a key to the unit review, and transparency masters. Contents of the package of student materials are unit objectives, information topic sheets (one sheet for each topic covered in the unit), assignment sheets for each information topic, and a unit review. This unit provides material on three information topics: types of employment forms, completing a social security number application, and completing a job application form. (YLB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

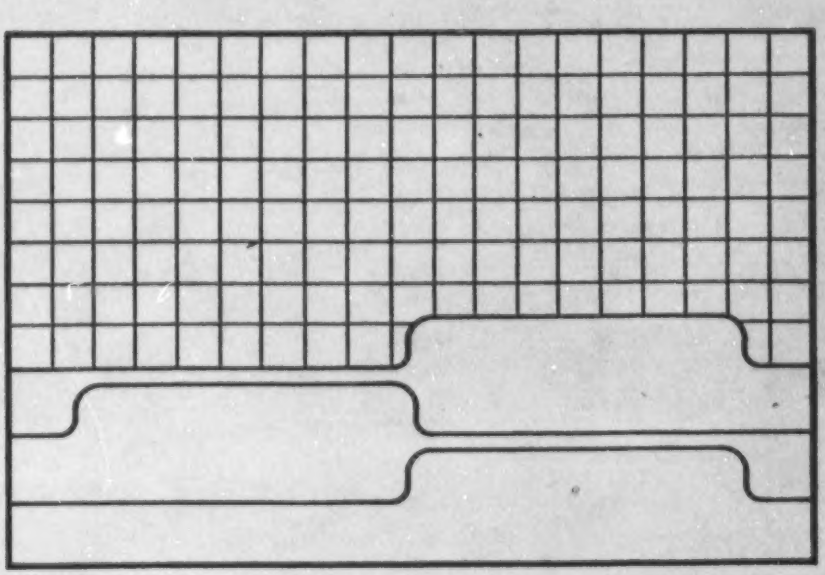
ED234249

Cooperative Occupational Education

Instructor Material

and Student Material

Unit 10
Completing Employment Forms



U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

✓ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Dhurst

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Developed by:
The Instructional Materials Laboratory
University of Missouri-Columbia

In Cooperation With
Vocational Special Needs • Department of Elementary and Secondary Education
Jefferson City, Missouri

CE037025

INSTRUCTOR

COURSE TITLE - COOPERATIVE OCCUPATIONAL EDUCATION

SECTION C - OBTAINING A JOB

UNIT - 10: **COMPLETING EMPLOYMENT FORMS**

UNIT OBJECTIVES

Develop student competency in completing employment forms. Students will be able to recognize the following forms: Social Security Number application, job application forms, and federal and state W-4 forms.

Students will practice filling out a Social Security Number application and will complete a job application form.

SPECIFIC OBJECTIVES

1. Recognize three types of employment forms job applicants complete.
2. Fill out a Social Security Number application using information about yourself.
3. Fill out a job application form that would be acceptable to an employer.

SUGGESTED ACTIVITIES

I. Instructor

A. Prepare transparencies (TM 10-1, TM 10-2).

B. Discuss objectives.

C. Review Information Topics (IT 10-1, IT 10-2, IT 10-3).

D. Review Assignment Sheets (AS 10-1, AS 10-2, AS 10-3).

E. When teaching IT 10-2 (Completing A Social Security Number Application), go over the sample form item by item. A transparency could be made of the sample Social Security Number application form AS 10-2 for class discussion of terminology and practice in filling out the form.

Detailed instructions are included in the Instructor's Guide. Point out that students will need to have evidence of age and citizenship when they apply for a Social Security number. Students should also be aware that the same form is used to replace a lost or stolen Social Security card.

F. During the study of IT 10-3 (Completing Job Applications), students should be reminded to use their personal data cards,which include their education, work experience, and references, to aid in the accurate completion of the job applications.

Stress the importance of printing neatly so all information is legible.

If some students are actively seeking employment, they could obtain and complete applications for specific jobs they are interested in. Four sample application forms are included in this guide. These forms could be used for practice or as a pre- or post-test over IT 10-3.

G. Optional Activity - using the sample application forms, make up examples of poorly completed job applications and have students critique them. Students could also evaluate each other's completed application forms.

H. Administer and evaluate unit review.

II. Student

A. Read and discuss unit objectives.

B. Read and discuss Information Topics.

C. Complete and review Assignment Sheets.

D. Complete unit review.

INSTRUCTIONAL MATERIALS

I. Included in this unit

A. Objective sheet

B. Information Topic sheets

1. IT 10-1: What You Should Know About: Types of Employment Forms

2. IT 10-2: What You Should Know About: Completing a Social Security Number Application

3. IT 10-3: What You Should Know About: Completing a Job Application Form

C. Transparency masters

1. TM 10-1: Types of Employment Forms

2. TM 10-2: Suggestions for Completing An Application Form

D. Assignment sheets

1. AS 10-1: What You Have Learned About: Types of Employment Forms

2. AS 10-2: What You Have Learned About: Completing a Social Security Number Application

3. AS 10-3: What You Have Learned About: Completing a Job Application Form

E. *Optional Material - Information Topic 10-4 and Assignment Sheet 10-4

*These materials are included in the Instructor's Guide only. Information Topic 10-4 deals with completing federal and state W-4 forms (Employee Withholding Certificate). Assignment Sheet 10-4 gives students practice in completing W-4 forms.

Use of this material is left to the discretion of the instructor. W-4 forms are revised frequently, and new tables and worksheets are printed annually by the Internal Revenue Service. If you choose to teach your students how to complete the W-4, use current forms which can be obtained from the IRS office nearest you, the Post Office, and some banks and libraries.

The amount of information presented and the method of instruction should be based on your students' needs and abilities.

F. Instruction Sheet - "How to Apply for a Social Security Number Card"

G. Sample Job Applications

a. Firestone

b. Pepsi-Cola

c. Wendy's

d. Generic

H. Unit Review and key

II. References

Blackledge, W. L. and E. H. Blackledge. The Job You Want - How to Get It. West Chicago, IL: South-Western Publishing Co., 1983.

Kirshner, J. A. How to Find and Apply for a Job. West Chicago, IL: South-Western Publishing, Co., 1982.

Lacy, R. C., and O. D. Park. Job Application and Interview. Columbia, MO: Instructional Materials Laboratory, University of Missouri-Columbia, 1975.

Schapiro, J. Getting Applications Right, Scope Visuals 13. New York: Scholastic Book Services, 1973.

Woodin, R. J. Succeeding On Your First Job: Getting Started on Your New Job. Columbus, OH: Ohio State University, 1977.

Work Experience Education. Sacramento, CA: California State Department of Education, 1982.

You're Hired: Getting the Right Job for You. Richmond, VA: Virginia Commonwealth University Learning Center, 1972.

Job Orientation. Bronx, NY: Milday Publishing Co., 1973. (teacher guide, student manual, transparencies)

Finding and Holding a Job. Albany, NY: Delmar Publications, 1970. (programmed learning materials)

COMPLETING EMPLOYMENT FORMS

UNIT 10

I. Types of Employment Forms (IT 10-1) (AS 10-1) (TM 10-1)

A. Students should be familiar with three types of forms related to the employment process.

1. Social Security Number Application - request for a Social Security card and number

2. W-4 Form (Employee's Withholding Allowance Certificate) -federal and/or state form that tells an employer how much income tax to take out of each paycheck

3. Job Application Form - a form that asks for information which an employer uses to choose the best qualified person for a job

B. On all forms, answers should be complete and printed neatly in ink.

II. Completing a Social Security Number Application (IT 10-2) (AS 10-2) (TM 10-2)

A. A Social Security number is necessary prior to employment.

B. This form is used to obtain a Social Security number and card for the first time, or to replace a lost or stolen card.

III. Completing a Job Application Form (IT 10-2) (AS 10-2)

A. For almost every job, applicants are required to fill out an application.

B. Suggestions for completing job application forms

1. Print neatly and answer all questions. If a question doesn't apply, the applicant should print NA (not applicable) or line through the space.

2. Print in the specific job name or type of job you prefer.

3. Be prepared to list your educational background. Include all schools attended and their addresses, dates of attendance, and courses taken that are especially relevant to the particular job for which you are applying.

4. Be prepared to list your work record. Include the name and address of each place you worked, your supervisor's name and the duties you performed. If you have done volunteer work or have been self-employed after school and during summer vacation, include this experience, too.

5. List some references if requested on the job application. Always get permission before using someone as a reference. References should be people who know you and your work record well enough to recommend you for the job.

COMPLETING EMPLOYMENT FORMS

UNIT 10

KEY TO UNIT REVIEW

A. 1. Social Security — 15%
2. Tax Withholding
3. Application

B. 2 — 30%
3
5
6
8
9

C. Evaluation Criteria examples — 55%
1. Neat
2. Done in ink
3. All questions addressed
4. All applicable questions complete
   a. education
   b. work experience
   c. personal information
   d. references

A rating system may be used for the evaluation, such as Excellent, Satisfactory, and Unsatisfactory. Point values may be assigned to each factor if a letter grade is to be given.

PERSONAL DATA

PLEASE PRINT

Social Security Number

Last Name | First Name | Middle Name | Date 19

Home Address: Number, Street, City, State and Zip Code | Telephone Number

School Address: Number, Street, City, State and Zip Code (If Applicable) | Telephone Number

Business Address: Number, Street, City, State and Zip Code (If Applicable) | Telephone Number

For What Position Are You Applying? First Choice | Second Choice

If You Are Not A United States Citizen, Do You Have The Legal Right To Secure Permanent Employment? ☐ Yes ☐ No

Are You Under 18? ☐ Yes ☐ No

Periods of U.S. Military Service: From / To

Branch of Service

Date if Application Previously Filed

What Foreign Language Can You Speak and Write Fluently?

Would You Consider Foreign Employment?

Do You Object to Traveling?

First Location Preference

Second Location Preference

Do You Have a Valid Driver's License? ☐ Yes ☐ No

Has It Ever Been Suspended or Revoked? ☐ Yes ☐ No

Have You Ever Been Bonded? ☐ Yes ☐ No If So What Company?

Have You Ever Been Refused a Bond? ☐ Yes ☐ No If So What Company and Reason For Refusal

Have You Ever Been Convicted For Other Than Minor Traffic Violations? (Answer If Permitted By State Law) ☐ Yes ☐ No If So Give Date And Place Of Each Conviction

EDUCATIONAL DATA

Name of School or College	Location	Attended From Mo.	Attended From Yr.	Attended To Mo.	Attended To Yr.	Major Subject	Scholastic Average	Did You Graduate?
High School	City, State and Zip Code							
College or University								Degree
Other Schools Attended								
Correspondence Course								

EMPLOYMENT DATA (List all employment in chronological order - last position first - including U.S. military)

Employer | Address | Position Title

Describe Work Experience

Dates Employed (Mo./Yr.) From To | Base Salary | Avg. Overtime | Bonus, Etc. | Name of Supervisor | Reason for Leaving

Employer | Address | Position Title

Describe Work Experience

Dates Employed (Mo./Yr.) From To | Base Salary | Avg. Overtime | Bonus, Etc. | Name of Supervisor | Reason for Leaving

Employer | Address | Position Title

Describe Work Experience

Dates Employed (Mo./Yr.) From To | Base Salary | Avg. Overtime | Bonus, Etc. | Name of Supervisor | Reason for Leaving

Employer | Address | Position Title

Describe Work Experience

Dates Employed (Mo./Yr.) From To | Base Salary | Avg. Overtime | Bonus, Etc. | Name of Supervisor | Reason for Leaving

EMPLOYMENT DATA - Continued (Indicate all other employment not listed previously)

Employer	Position Title	From	To	Employer	Position Title	From	To
Employer	Position Title	From	To	Employer	Position Title	From	To

Have you ever worked at Firestone or any of its subsidiaries before? ☐ Yes ☐ No. If answer is "Yes", please state where and dates of service.

Why do you wish to leave your present employer?

May we refer to your present employer? Yes ☐ No ☐

Describe briefly the type of work which you are best qualified to do by reason of education, previous employment, or training, and tell why you feel qualified for the position for which you are applying.

Minimum Base Salary Required	If offered employment, how soon can you report for work?

PERSONAL REFERENCES OTHER THAN FORMER EMPLOYERS AND RELATIVES

Name	Address	Occupation
Name	Address	Occupation

EQUAL EMPLOYMENT OPPORTUNITY POLICY

It is the policy of The Firestone Tire & Rubber Company that applicants for employment are recruited, selected and hired on the basis of individual merit and ability with respect to positions being filled and potential for promotions or transfer which may be expected to develop. Applicants are to be recruited, selected and hired without discrimination because of race, color, religion, sex, age, national origin, handicap, or disability.

In addition, personnel procedures and practices with regard to training, promotion, transfer, compensation, demotion, lay off or termination are to be administered with due regard to job performance, experience and qualifications, but without discrimination because of race, color, religion, sex, age, national origin, handicap or disability.

The company is subject to Section 503 of the Rehabilitation Act of 1973 and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974 which require that the company take affirmative action to employ and advance in employment qualified handicapped individuals and disabled veterans. If you have such a handicap or disability and would like to be considered under these affirmative action programs, please inform the employment office.

Information obtained concerning individuals shall be kept confidential, except when necessary for managerial decisions.

I affirm that all the information contained in this application is true and complete and that any misrepresentation, falsification or willful omission, herein, shall be sufficient reason for dismissal from, or refusal of employment. I hereby authorize investigation of all statements contained in this application. I, also, hereby authorize the company to prepare or cause to be prepared an investigative consumer report. Upon my written request, the complete nature and scope of the investigation will be disclosed. If employment is denied either wholly or partly because of an adverse consumer report, I understand that I will be advised this fact including the name and business address of the reporting company. I further state that I am not and never have been a member of any organization which advocates overthrow of or seeks to alter by unconstitutional means, the government of the United States of America.

I understand that my employment, compensation, and benefits can be terminated at any time at the option of either the company or me.

Signature of Applicant _____ Date _____

This application will be effective for 60 days from the date signed. After 60 days, applicants must refile for further consideration.

NOT TO BE COMPLETED BY APPLICANT

Comments of Interviewer(s) On Job Related Items:

APPLICATION FOR EMPLOYMENT

Please Read Before Completing Application

Pepsi-Cola Bottling Co. of Columbia Inc. is an equal opportunity employer. All applicants and employees are considered for employment, development, advancement and earnings based upon their skills, performance and potential without regard to race, color, religion, sex, national origin or age.

Statement of Accuracy

I understand that the information I provide in this application must be complete and accurate to the best of my knowledge. I realize that falsification and/or incomplete information may jeopardize my employment now or in the future. Pepsi-Cola or its agents may seek to verify this information and may make inquiries by securing a consumer report concerning my character, general reputation, personal characteristics, and mode of living. I further understand that if this information results in my being dismissed, the nature and scope of these reports will be supplied to me upon my written request.

Signature _____ Date _____

Please Print in Ink

Personal Data

Name		Social Security Number	Home Phone
Address			
Position Desired	Date Available	Willing to travel? ☐ Yes ☐ No	Relocate? ☐ Yes ☐ No
Are you a U.S. Citizen? ☐ Yes ☐ No	If No, Visa Type and Number		
Have you been convicted of a crime? ☐ Yes ☐ No	If Yes, please detail – Offense		Date
Disposition			
Have you previously been employed here? Yes ☐ No	If Yes, please detail with dates		
Emergency Notification	In Emergency, Notify	Relationship	Phone
	Address		

Source

How were you referred?	☐ Classified Ad	☐ Employment Agency	☐ Other Source or Person
Please Identify – Name of Newspaper, Employment Agency, or Other Source or Person			

U.S. Military Service

Branch	Final Rank	Date Entered	Date Discharged
Service Schools or Special Experience			

Education

School Name	City, State	Dates From – To	Major Course of Study	Graduation Month/Year	Degree or Certificate
High School					
College(s)					
Graduate					
Other					

Employment

Please list all employers beginning with your present employer			
Firm Name	Address	Phone	Dates – From – To
Position Held	Earnings-Beginning / Ending	Supervisor – Name and Title	
Reason for leaving			
Firm Name	Address	Phone	Dates – From – To
Position Held	Earnings-Beginning / Ending	Supervisor – Name and Title	
Reason for leaving			
Firm Name	Address	Phone	Dates – From-To
Position Held	Earnings-Beginning / Ending	Supervisor – Name and Title	
Reason for leaving			
Firm Name	Address	Phone	Dates – From-To
Position Held	Earnings-Beginning / Ending	Supervisor – Name and Title	
Reason for leaving			

Additional Experience

Please list any additional experiences you feel bear upon your skills or professional development.

NON-EXEMPT EMPLOYMENT APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER
MALE/FEMALE

VARIOUS FEDERAL, STATE AND LOCAL LAWS PROHIBIT DISCRIMINATION BASED ON RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, ANCESTRY, AGE (AS PRESCRIBED BY LAW) HANDICAP OR MARITAL STATUS. WENDY'S IS AN EQUAL OPPORTUNITY EMPLOYER AND YOUR RESPONSE TO ANY QUESTION WILL NOT BE USED AS A BASIS FOR DISCRIMINATION, BUT WILL BE JUDGED ON IT'S RELEVANCE TO THE POSITION YOU ARE SEEKING.

NAME (LAST)	(FIRST)	(MIDDLE)	SOCIAL SECURITY NO.
HOME ADDRESS	CITY	STATE ZIP CODE	AREA CODE HOME TELEPHONE NO.
NAME OF PERSON TO NOTIFY IN EMERGENCY	ADDRESS	CITY STATE	TELEPHONE
POSITION/TYPE OF WORK APPLIED FOR:		WHEN CAN YOU START?	
HOW DID YOU COME IN CONTACT WITH WENDY'S?			
ARE YOU 18 YRS. OR OLDER? ☐YES ☐NO		IF NOT STATE YOUR AGE*_____ *MUST BE ABLE TO PROVIDE AGE OR EMPLOYMENT CERTIFICATE	

EDUCATION	NAME OF SCHOOL	ADDRESS	DID YOU GRADUATE? DEGREE RECEIVED
HIGH SCHOOL			
BUSINESS SCHOOL			
COLLEGE/ UNIVERSITY			
OTHER SPECIAL TRAINING			

DID YOU STUDY TYPING? ☐YES ☐NO STENOGRAPHY? ☐YES ☐NO

OFFICE MACHINES?_____ OTHER?_____

HAVE YOU EVER WORKED FOR OR APPLIED FOR A POSITION WITH WENDY'S OR ANY OF IT'S FRANCHISEES?

☐YES ☐NO IF YES, GIVE DETAILS._____

U.S. MILITARY SERVICE

BRANCH FROM_____ TO_____ RANK_____

REFERENCES: PERSONAL (LIST FORMER EMPLOYERS) DO NOT LIST RELATIVES.

NAME	ADDRESS	PHONE	OCCUPATION	YEARS KNOWN

WENDY'S EA-2 (4-77) W-16

EMPLOYMENT HISTORY MAY WE CONTACT YOUR PRESENT EMPLOYER? ☐YES ☐NO
MAY WE CONTACT YOUR PRIOR EMPLOYERS? ☐YES ☐NO

PRESENT OR LAST EMPLOYER:

EMPLOYER'S NAME AND COMPLETE ADDRESS/PHONE	DATES EMPLOYED FROM	TO	POSITION TITLE
			NAME AND TITLE OF SUPERVISOR
	SALARY START	FINAL	REASON FOR LEAVING

EMPLOYER'S NAME AND COMPLETE ADDRESS/PHONE	DATES EMPLOYED FROM	TO	POSITION TITLE
			NAME AND TITLE OF SUPERVISOR
	SALARY START	FINAL	REASON FOR LEAVING

EMPLOYER'S NAME AND COMPLETE ADDRESS/PHONE	DATES EMPLOYED FROM	TO	POSITION TITLE
			NAME AND TITLE OF SUPERVISOR
	SALARY START	FINAL	REASON FOR LEAVING

EMPLOYER'S NAME AND COMPLETE ADDRESS/PHONE	DATES EMPLOYED FROM	TO	POSITION TITLE
			NAME AND TITLE OF SUPERVISOR
	SALARY START	FINAL	REASON FOR LEAVING

EMPLOYER'S NAME AND COMPLETE ADDRESS/PHONE	DATES EMPLOYED FROM	TO	POSITION TITLE
			NAME AND TITLE OF SUPERVISOR
	SALARY START	FINAL	REASON FOR LEAVING

WERE YOU EVER DISCHARGED BY ANY COMPANY? ☐YES ☐NO

IF YES, GIVE NAME OF COMPANY_____

REASON FOR DISCHARGE_____

_____

IF YOU ARE NOW EMPLOYED, WHY DO YOU WANT TO MAKE A CHANGE_____

IF YOU HAVE BEEN UNEMPLOYED AT ANY TIME SINCE LEAVING SCHOOL, PLEASE EXPLAIN_____

_____

HAVE YOU, IN THE PAST 5 YEARS, BEEN CONVICTED OF A FELONY? ☐YES ☐NO

IF YES, PLEASE EXPLAIN AND GIVE DETAILS_____

_____

EMPLOYEES WILL BE ENGAGED, SUBJECT TO RECEIPT OF SATISFACTORY REFERENCES. IN MAKING THIS APPLICATION FOR EMPLOYMENT, IT IS UNDERSTOOD THAT AN INVESTIGATION MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH NEIGHBORS, FRIENDS OR OTHERS WITH WHOM YOU ARE ACQUAINTED. THE INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING, IF RELATED TO THE JOB FOR WHICH YOU ARE APPLYING. YOU HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME TO RECEIVE ADDITIONAL, DETAILED INFORMATION ABOUT THE NATURE AND SCOPE OF THIS INVESTIGATION. FALSIFICATION: IT IS UNDERSTOOD THAT ANY FALSE STATEMENT IN THIS APPLICATION IS SUFFICIENT CAUSE FOR DISMISSAL.

APPLICANT'S SIGNATURE **DATE SIGNED**

FOR EMPLOYEE RELATIONS USE ONLY

TESTS: TYPING_____ STENO_____

COMMENTS_____

_____

APPLICATION FOR EMPLOYMENT

Name _____ _____
Last First Middle Social Security Number Date

Address _____ Home Telephone Number _____

City _____ State _____ Zip Code _____ Period of Residence _____

Previous Address _____ _____
Street City State Zip Code Period of Residence

Position Applying For _____ When Available _____ Salary Expected _____

Have you previously applied for work with us? ( ) Yes ( ) No If yes, when _____

Referred By (Name) _____

Is there anything that would prevent you from performing the duties of the position for which you are applying? ( ) Yes ( ) No
If yes, explain _____

Are you currently under the care of a doctor? ( ) Yes ( ) No If yes, describe in full _____

Have you ever been convicted of a felony? ( ) Yes ( ) No If yes, describe in full _____

Do you have a Driver's License? ( ) Yes ( ) No If yes, give number and state issued _____

Person to notify in case of emergency _____ Relationship _____ Phone _____

EDUCATIONAL DATA

SCHOOL NAME	CITY & STATE	MONTH & YEAR FROM	MONTH & YEAR TO	DEGREE OR GRADE LEVEL COMPLETED	AREA OF SPECIALTY
Grade					
High					
College University					
Graduate School					
Trade, Business or Other					
Special Skills (List)				Typing Speed WPM	Shorthand Speed WPM

MILITARY SERVICE

Veteran of U.S.? ( ) Yes ( ) No Reserve Status _____ Draft Status _____

Armed Forces Branch _____ Serial Number _____

Dates of Duty From Month _____ Date _____ Year _____ To Month _____ Date _____ Year _____

Type of Duties Performed _____

Service Schools and other Special Training _____

10-15

INCORPORATED, considers all qualified applicants without regard to Race, Color, Religion, National Origin, Sex, Age, Handicap, Disabled Veterans or Veterans from the Vietnam Era.

RECORD OF PREVIOUS EMPLOYMENT

(Detailed explanation may be attached to indicate any special employment experience)

PAST EMPLOYERS Company Name, Address, Phone Number	Department(s) Worked	Supervisor(s) Name	Position(s) Held	Employed		Rate Of Pay	Reason For Leaving
				From	To		

You may contact all of the above listed employers except _____

For Applicant's additional comments or information not co ered by the Form, such as; career, interests, plans, objectives, etc. _____

10-16

This Company complies with Title VII of the Civil Rights Act of 1964 (as amended), Executive Order 11246, Sec. 402 of the Vietnam Era Veteran's Readjustment Assistance Act of 1974 and Sec. 503 of the Rehabilitation Act of 1973 (as amended).

This Application will be retained in our active files for one (1) year only. If you wish to submit another application after this period of time, please feel free to do so.

I agree to abide by all the rules of the Company and will obey the orders and instructions of my supervisor. I will use and wear all safety appliances furnished me by the Company and will be careful in my work and not expose myself or other workers to unnecessary dangers.

In the event of my employment, I understand that a physical examination may be required to be passed.

It is understood that false statements on this application may result in my dismissal.

Signature of Applicant _____ Date _____

FOR EMPLOYER'S USE (AFTER EMPLOYED)

Division _____ Department _____ Position _____

Date Employed _____ Wage and Hour Status ( ) Exempt ( ) Non Exempt ( ) Other _____

Salary _____ Date of Birth _____ Marital Status _____

Other _____

Types of Employment Forms

Social Security Application Form:	Request for a Social Security Card and number; must be completed before you can be hired for a job.
Job Application Form:	Form describing yourself for employers so that they can choose qualified workers.
Tax Withholding (W-4) Form:	Tax form filled out after you are hired for a job.

Suggestions For Completing An Application Form

- ☑ Take information you will need with you. This includes references, schools attended, and work experience.
- ☑ List the specific job you are interested in.
- ☑ Follow directions on the form; fill it out completely.
- ☑ Print neatly when you fill out the form.

IT 10-4 OPTIONAL

What You Should Know About
Completing the W-4 Form
(Employee's Withholding Allowance Certificate)

You will also have to fill out a W-4 Form (Employee's Withholding Allowance Certificate). This form tells your employer how much money to take out of your wages for income tax.

Here are samples of federal and state withholding forms. These forms have been filled out for a typical student who is single, has no dependents, and makes less than $10,000 per year.

Form **W-4** (Rev. October 1979)

Department of the Treasury—Internal Revenue Service

Employee's Withholding Allowance Certificate

TYPE OR PRINT YOUR FULL NAME (LAST, FIRST, MIDDLE): Smith, Stacey Lee

YOUR SOCIAL SECURITY NUMBER: 421-11-0000

HOME ADDRESS (NUMBER AND STREET OR RURAL ROUTE, CITY, STATE, AND ZIP CODE): 123 Barker Lane, Dogwood, MO 60001

OFFICE ADDRESS:

MARITAL STATUS: ☒ SINGLE ☐ MARRIED ☐ MARRIED, but withhold at higher Single rate
NOTE: If married, but legally separated, or spouse is a nonresident alien, check the single block.

1. Total number of allowances you are claiming (from line F of the worksheet on page 2) . . . . . $ 2 6
2. Additional amount, if any, you want deducted from each pay (if your employer agrees) . . . . . $
3. I claim exemption from withholding because (see instructions and check boxes below that apply):
   a ☐ Last year I did not owe any Federal income tax and had a right to a full refund of ALL income tax withheld, AND
   b ☐ This year I do not expect to owe any Federal income tax and expect to have a right to a full refund of ALL income tax withheld. If both a and b apply, enter "EXEMPT" here . . . . . ▶ -
   c If you entered "EXEMPT" on line 3b, are you a full-time student? . . . . . ☐ Yes ☐ No

Under the penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming exemption from withholding, that I am entitled to claim the exempt status.

EMPLOYEE'S SIGNATURE: Stacey L. Smith — DATE: Sept 15, 1983

EMPLOYER'S NAME AND ADDRESS: Instructional Materials Lab. Columbia, Missouri 65211 — EMPLOYER IDENTIFICATION NUMBER:

Form MO.W-4 (Rev. Oct. 1977)
DEPARTMENT OF REVENUE

Missouri Employee's Withholding Allowance Certificate
(This certificate is for income tax withholding purposes only. Instructions are on reverse side.)

TYPE OR PRINT YOUR FULL NAME (LAST, FIRST, MIDDLE): Smith, Stacey Lee

YOUR SOCIAL SECURITY NUMBER: 421-11-0000

HOME ADDRESS (NUMBER AND STREET OR RURAL ROUTE): 123 BARKER LANE

CITY, STATE, ZIP CODE: DOGWOOD, MISSOURI 60001

MARITAL STATUS: ☒ SINGLE ☐ MARRIED
If married but legally separated, or wife (husband) is a nonresident alien, check the single block.

1. Allowance for yourself — enter $1,200 . . . . . $ 1200.
2. Allowance for your wife (husband) — enter $1,200 . . . . . $ -
3. Allowance for unmarried head of household or surviving spouse — if you are able to claim either status on your federal income tax return — enter $800 . . . . . $ -
4. Allowance(s) for dependent(s) — you are entitled to claim a $400 allowance for each dependent you will be able to claim on your federal income tax return. Do not include yourself or your spouse — enter $400 times number of dependents . . . . . $ -
5. Special withholding allowance — if you have only one job, and do not have a wife or husband who works — enter $800 . . . . . $ 800.
6. TOTAL — add lines 1 through 5 above . . . . . $ 2000.

I certify that to the best of my knowledge and belief, the amount of withholding allowances claimed on this certificate does not exceed the number to which I am entitled.

EMPLOYEE'S SIGNATURE: Stacey L. Smith — DATE: Sept 15, 1983

FEDERAL GOVERNMENT W-4 FORM

Form **W-4** (Rev. October 1979)

Department of the Treasury—Internal Revenue Service

Employee's Withholding Allowance Certificate

TYPE OR PRINT YOUR FULL NAME (LAST, FIRST, MIDDLE) | YOUR SOCIAL SECURITY NUMBER

HOME ADDRESS (NUMBER AND STREET OR RURAL ROUTE, CITY, STATE, AND ZIP CODE) | MARITAL STATUS

OFFICE ADDRESS

☐ SINGLE ☐ MARRIED ☐ MARRIED, but withhold at higher Single rate
NOTE: If married, but legally separated, or spouse is a nonresident alien, check the single block.

1. Total number of allowances you are claiming (from line F of the worksheet on page 2) . . . . .
2. Additional amount, if any, you want deducted from each pay (if your employer agrees) . . . . . $
3. I claim exemption from withholding because (see instructions and check boxes below that apply):
   a ☐ Last year I did not owe any Federal income tax and had a right to a full refund of ALL income tax withheld, AND
   b ☐ This year I do not expect to owe any Federal income tax and expect to have a right to a full refund of ALL income tax withheld. If both a and b apply, enter "EXEMPT" here . . . . . ▶
   c If you entered "EXEMPT" on line 3b, are you a full-time student? . . . . . ☐ Yes ☐ No

Under the penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming exemption from withholding, that I am entitled to claim the exempt status.

EMPLOYEE'S SIGNATURE | DATE

EMPLOYER'S NAME AND ADDRESS | EMPLOYER IDENTIFICATION NUMBER

PAGE 1 DIRECTIONS

Purpose

The law requires that you complete Form W-4 so that your employer can withhold Federal income tax from your pay. Your Form W-4 will remain in effect until you change it, or, if you entered "EXEMPT" on line 3b above, until April 30 of next year. By claiming the number of withholding allowances you are entitled to, you can fit the amount of tax withheld from your wages to your estimated tax liability.

Introduction

If you got a large refund last year, you may be having too much tax withheld. If so, you may want to increase the number of your allowances by claiming any other allowances you are entitled to on line 1 of Form W-4. The kinds of allowances, and how to figure them, are explained in detail in the line-by-line instructions below.

If you owed a large amount of tax last year, you may not be having enough tax withheld. If so, you can claim fewer allowances on line 1, or ask that an additional amount be withheld on line 2, or both.

If the number of withholding allowances that you are entitled to decreases, you must file a new Form W-4 with your employer within 10 days from the date of the change.

If you qualify, you can claim exemption from withholding on line 3b of Form W-4.

The line by-line instructions below explain how to fill in Form W-4. Publication 505, Tax Withholding and Estimated Tax, contains more information on withholding. You can get it from any Internal Revenue Service office.

For more information about who qualifies as your dependent, what deductions you can take, and what tax credits you qualify for, see the Form 1040 Instructions or call any Internal Revenue Service office.

Line-By-Line Instructions

Fill in the identifying information at the top of the form. If you are married and want tax withheld at the regular rate for married persons, check the "Married" box. If you are married and want tax withheld at the higher Single rate (because both you and your spouse work, for example), check the box "Married, but withhold at higher Single rate."

Line 1 of Form W-4

Total number of allowances.—Use the Worksheet on page 2 to figure all of your allowances. Each kind of allowance you may claim is explained below and is identified by the letter that corresponds to the line for that allowance on the Worksheet.

A. Personal allowances.—You can claim the following personal allowances:

- 1 for yourself,
- 1 if you are 65 or older, and
- 1 if you are blind.

If you are married and your spouse either does not work or is not claiming his or her allowances on a separate Form W-4, you may also claim the following allowances:

- 1 for your spouse,
- 1 if your spouse is 65 or older, and
- 1 if your spouse is blind.

If you are single and hold more than one job, you may not claim the same allowances with more than one employer at the same time. If you are married and both you and your spouse are employed, you may not both claim the same allowances with both of your employers at the same time.

Enter your total personal allowances on line A of the Worksheet.

Note: To have the highest amount of tax withheld, claim "0" personal allowances on line 1.

B. Special withholding allowance.—You can claim the special withholding allowance only if you are single and have one job or you are married, have one job, and your spouse does not work.

If you can claim the special withholding allowance, enter "1" on line B of the Worksheet.

Note: Use the special withholding allowance only to figure your withholding tax. Do not claim it when you file your tax return.

C. Allowances for dependents.—You may claim one allowance for each dependent you will be able to claim on your Federal income tax return. Enter on line C of the Worksheet the total number of allowances you can claim for dependents.

D. Allowances for estimated tax credits.—If you expect to be able to take the earned income credit, credit for child and dependent care expenses, credit for the elderly, or residential energy credit, these credits may lower your tax. To avoid having too much withheld, you may claim extra allowances for these tax credits on line D of the Worksheet.

To enter the proper figure on line D of the Worksheet, you will have to use the "Tax Credit Table for Figuring Your Withholding Allowances" on the top of page 2.

Note: Do not claim allowances for your earned income credit if you are receiving advance payment of it.

E. Allowances for estimated itemized deductions and alimony.—If you expect to itemize your deductions or pay alimony during the year (or both), you may want to claim additional withholding allowances so you will have less tax withheld.

See Schedule A (Form 1040) to find out what deductions you can take and to estimate the amount of your deductions.

Note: If you are paying alimony but will not itemize deductions, enter your estimate of alimony payments for the year on lines E1 and E3 (enter "0" on line E2). Divide the amount on line E3 by $1,000, and enter the result on line E4 of the Worksheet. Round-off any fraction to the nearest whole number.

Line 2 of Form W-4

Additional amount, if any, you want deducted from each pay.—If you are not having enough tax withheld from your pay, you may ask your employer to withhold more by filling in an additional amount on line 2.

Often, married couples, both of whom are working, and single persons with two or more jobs, will need to have additional tax withheld.

Estimate the amount by which you will be underwithheld and divide that amount by the number of pay periods in the year. Enter the additional amount you want withheld each pay period on line 2.

Line 3 of Form W-4

Exemption from withholding.—You can claim exemption from withholding only if last year you did not owe any Federal income tax and had a right to a refund of all income tax withheld, and this year you do not expect to owe any Federal income tax and expect to have a right to a refund of all income tax withheld.

If you qualify check boxes 3a and b, write "EXEMPT" on line 3b and answer Yes or No to the question on line 3c.

If you want to claim exemption from withholding next year, you must file a new Form W-4 with your employer on or before April 30 of next year. If you are not having Federal income tax withheld this year, but expect to have a tax liability next year, the law requires you to give your employer a new Form W-4 by December 1.

If you are covered by the Federal Insurance Contributions Act, your employer must withhold social security tax from your pay.

283-277-1

Form **W-4**
(Rev. October 1979)

Department of the Treasury—Internal Revenue Service

Employee's Withholding Allowance Certificate

TYPE OR PRINT YOUR FULL NAME (LAST, FIRST, MIDDLE)	YOUR SOCIAL SECURITY NUMBER
HOME ADDRESS (NUMBER AND STREET OR RURAL ROUTE, CITY, STATE, AND ZIP CODE)	MARITAL STATUS ☐ SINGLE ☐ MARRIED ☐ MARRIED, but withhold at higher Single rate NOTE: If married, but legally separated, or spouse is a nonresident alien, check the single block.
OFFICE ADDRESS	

1. Total number of allowances you are claiming (from line F of the worksheet on page 2) 1
2. Additional amount, if any, you want deducted from each pay (if your employer agrees) . . . . . 2 $
3. I claim exemption from withholding because (see instructions and check boxes below that apply):
   a ☐ Last year I did not owe any Federal income tax and had a right to a full refund of ALL income tax withheld, AND
   b ☐ This year I do not expect to owe any Federal income tax and expect to have a right to a full refund of ALL income tax withheld. If both a and b apply, enter "EXEMPT" here . . . . . ▶ 3
   c If you entered "EXEMPT" on line 3b, are you a full-time student? . . . . . ☐ Yes ☐ No

Under the penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming exemption from withholding, that I am entitled to claim the exempt status.

EMPLOYEE'S SIGNATURE	DATE
EMPLOYER'S NAME AND ADDRESS	EMPLOYER IDENTIFICATION NUMBER

PAGE 2 DIRECTIONS

Form W-4 (Rev. 10-79) Page 2

Tax Credit Table for Figuring Your Withholding Allowances—See Example Below

Allowances ▶	0	1	2	3	4	5	6
Estimated salaries and wages from all sources:	If the amount of estimated tax credits is:						
	Under / At least / But less than						
Part I Single Employees							
Under $5,000	No additional allowances						
5,000–15,000	250 / 250 / 500	500 / 700	700 / 900	900 or more			
15,001–25,000	350 / 350 / 700	700 / 1,000	1,000 or more				
25,001–35,000	550 / 550 / 950	950 or more					
Part II Head of Household Employees							
Under $5,000	No additional allowances						
5,000–20,000	150 / 150 / 400	400 / 650	650 / 900	900 or more			
20,001–35,000	1 / 1 / 300	300 / 650	650 / 1,000	1,000 or more			
35,001–45,000	450 / 450 / 950	950 or more					
Part III Married Employees (When Spouse is Not Employed)							
Under $8,000	No additional allowances						
8,000–15,000	200 / 200 / 350	350 / 500	500 / 700	700 / 850	850 / 950	950 or more	
15,001–25,000	250 / 250 / 800	800 / 700	700 / 950	950 or more			
25,001–35,000	300 / 300 / 650	650 / 950	950 or more				
35,001–45,000	650 / 650 / 1,050	1,050 or more					
Part IV Married Employees (When Both Spouses are Employed)							
Under $8,000	No additional allowances						
8,000–15,000	250 / 250 / 400	400 / 450	450 or more				
15,001–25,000	350 / 350 / 800	800 / 950	950 or more				

Example: *A taxpayer who expects to file a Federal income tax return as a single person estimates annual wages of $12,000 and tax credits of $650. The taxpayer uses Part I for single employees. The $12,000 falls on the wage bracket of $5,000 to $15,000 in the left column. Reading in the shaded area to the right, $650 falls within the estimated tax credits bracket of At least 500 But less than 700. Looking to the top of the column, the taxpayer finds that 2 allowances are permitted. The taxpayer enters "2" on line D of the Worksheet below.*

Worksheet to Figure Your Withholding Allowances to be Entered on Line 1 of Form W-4

(Letters on this worksheet are keyed to the letters in the line-by-line instructions on page 1)

A Personal allowances . . . . . ▶ A 1
B Special withholding allowance (not to exceed 1 allowance—see instructions on page 1) . . . . . ▶ B 1
C Allowances for dependents . . . . . ▶ C 0
D Allowances for estimated tax credits (from Tax Credit Table for Figuring Your Withholding Allowances, above):
1 Find your filing status under Part I, II, III, or IV of the table.
2 Under your filing status, find your estimated salaries and wages in the left column.
3 Read the shaded amounts across to the right until you get to the amount of your estimated tax credits.
4 At the top of that column is the number of allowances you may take for your estimated tax credits. Enter the number of allowances . . . . . ▶ D 0
E Allowances for estimated itemized deductions and alimony:
1 Enter the amount of your estimated itemized deductions, including alimony payments, for the year . . . . . ▶ 1 $
2 Find your total estimated salaries and wages amount in the left column of the table below. Read across to the right and enter the amount from the column that applies to you. Enter that amount here (if claiming only alimony payments on line E1, enter "0" on line E2) . . . . . ▶ 2 $

Estimated salaries and wages from all sources:	Single Employees (only one job)	Married Employees (one spouse working and one job only)	Employees with more than one job or Married Employees with both spouses working
Under $10,000	$2,000	$3,000	$4,000
$10,000–30,000	7,000	9,000	11,000
$30,001–40,000	9,000	11,000	13,000
Over $40,000	15% of estimated salaries and wages	15% of estimated salaries and wages	15% of estimated salaries and wages

3 Subtract line E2 from line E1 . . . . . ▶ 3 $
4 Divide the amount on line E3 by $1,000 (round off fractions to the nearest whole number). Enter here . . . . . ▶ E 0
F Total (add lines A through E). Enter total here and on line 1 of Form W-4 . . . . . ▶ F 2

Privacy Act of 1974

The Internal Revenue Code requires employees to fill out and give their employers a signed withholding allowance certificate that shows the number of withholding allowances an employee claims (section 3402(f)(2)(A) and its regulations). You are also required to give your social security number for proper identification and processing (section 6109 and its regulations).

If you do not fill out a withholding allowance certificate, you will be treated as a single person who claims no withholding allowances (sections 3402(f) and 3401(e)).

The main use of the information is to carry out the Internal Revenue laws of the United States. Routine users of the information may include a visit to the Department of Justice if they need it in connection with civil or criminal litigation, and to the States and District of Columbia for use in administering their tax laws.

At the time this form was printed, regulations were proposed which would require employers to send the IRS copies of certain Forms W-4.

If you will be earning less than $3,300 in a year, your employer would not take out any taxes. You would check Item 3, lines a and b and write "Exempt" on line 3 of the federal W-4 form.

Form W-4
(Rev. October 1979)

Department of the Treasury—Internal Revenue Service

Employee's Withholding Allowance Certificate

TYPE OR PRINT YOUR FULL NAME (LAST, FIRST, MIDDLE)

YOUR SOCIAL SECURITY NUMBER

HOME ADDRESS (NUMBER AND STREET OR RURAL ROUTE, CITY, STATE, AND ZIP CODE)

MARITAL STATUS

☐ SINGLE ☐ MARRIED ☐ MARRIED, but withhold at higher Single rate
NOTE: If married, but legally separated, or spouse is a nonresident alien, check the single block.

OFFICE ADDRESS

1. Total number of allowances you are claiming (from line F of the worksheet on page 2) 1
2. Additional amount, if any, you want deducted from each pay (if your employer agrees) 2
3. I claim exemption from withholding because (see instructions and check boxes below that apply):
   a ☐ Last year I did not owe any Federal income tax and had a right to a full refund of ALL income tax withheld, AND
   b ☐ This year I do not expect to owe any Federal income tax and expect to have a right to a full refund of ALL income tax withheld. If both a and b apply, enter "EXEMPT" here . . . . . ▶
   c If you entered "EXEMPT" on line 3b, are you a full-time student? . . . . . ☐ Yes ☐ No

Under the penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming exemption from withholding, that I am entitled to claim the exempt status.

EMPLOYEE'S SIGNATURE

DATE

EMPLOYER'S NAME AND ADDRESS

EMPLOYER IDENTIFICATION NUMBER

AS 10-4 OPTIONAL

What You Have Learned About **Completing the W-4 Form (Employee's Withholding Allowance Certificate**

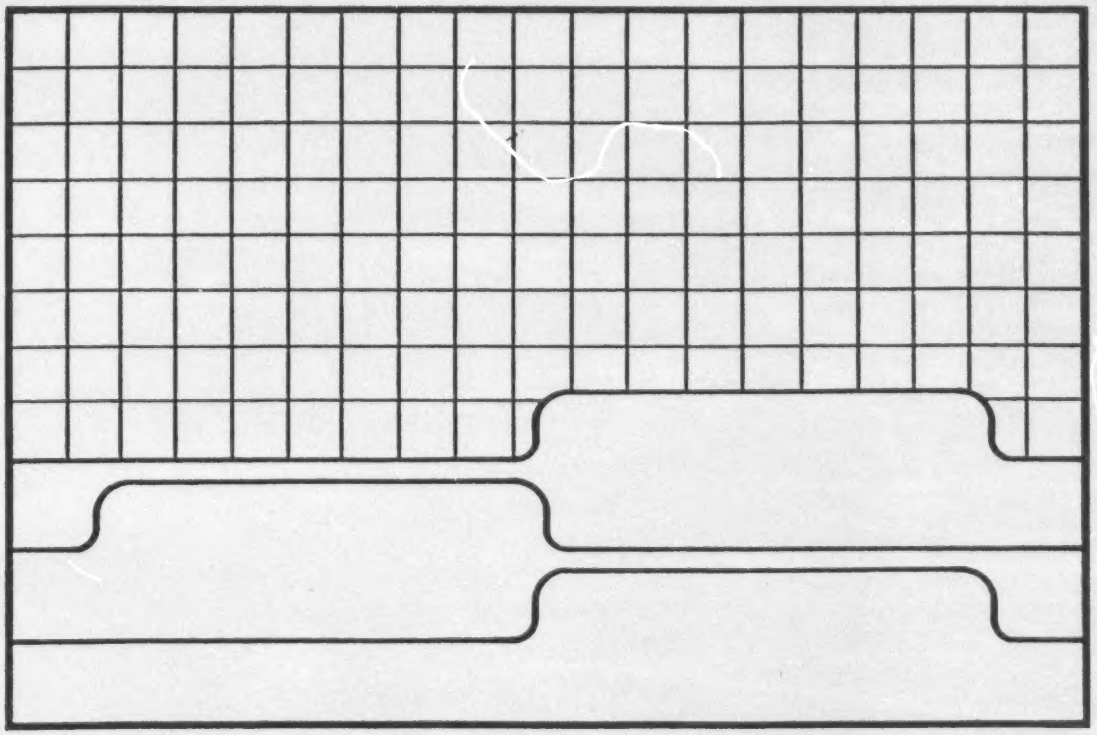
Read the paragraph below and use the information to answer the questions after it. Use the instructions and worksheet from IT 10-4 to help you.

Pat Johnson works as a part-time checker at Willett's Grocery and expects to make about $5,000 a year. Pat is single with no dependents and rents an apartment.

QUESTIONS	ALLOWANCES
How many personal allowances can Pat claim?_ _ _ _ _ _ _ _ _ _ _ _ _	_____
Can Pat claim the special withholding allowance? If yes, put 1 under allowances. _ _ _ _ _ _ _ _ _ _ _ _	_____
How many allowances (if any) can Pat claim for estimated tax credits? _ _ _	_____
How many (if any) allowances will Pat have for itemized deductions?_ _ _ _	_____
Pat's total allowances will be:_ _ _ _	_____

Cooperative Occupational Education
student material

Unit 10
Completing Employment Forms



Developed by:
The Instructional Materials Laboratory
University of Missouri-Columbia
In Cooperation With
Vocational Special Needs • Department of Elementary and Secondary Education
Jefferson City, Missouri

Completing Employment Forms

After completing this unit, you will be able to:

- Identify three types of forms that job applicants have to complete.
- Fill out a Social Security Number Application using information about yourself.
- Fill out a job application form that would be acceptable to an employer.

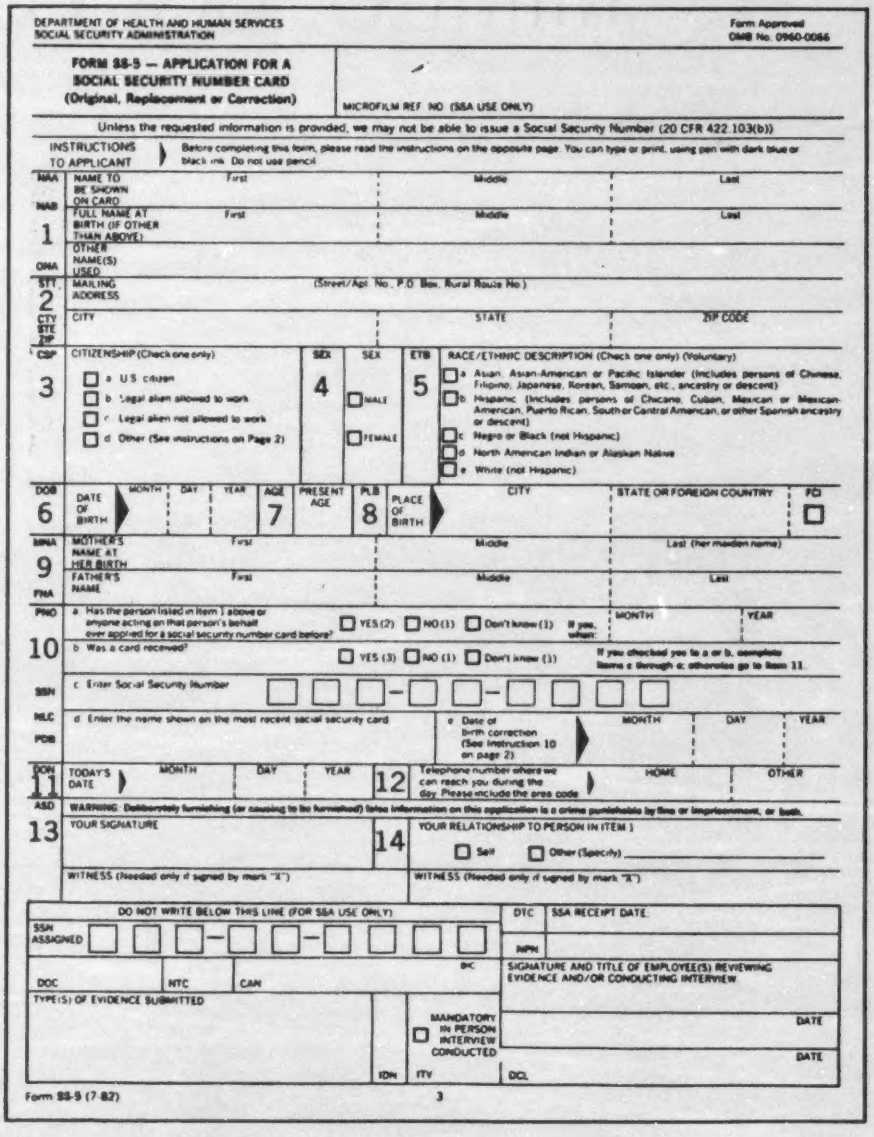
Introduction

Completing application and employment forms is a very important part of getting a job. Unit 10 shows several employment forms that job applicants must complete. It will also inform you of the proper way to complete employment forms.

What You Should Know About
Types of Employment Forms

There are three types of employment forms you will usually complete when you are seeking a job.

- Social Security Number Application - request for a Social Security card and number.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
SOCIAL SECURITY ADMINISTRATION

Form Approved
OMB No. 0960-0066

FORM SS-5 — APPLICATION FOR A SOCIAL SECURITY NUMBER CARD
(Original, Replacement or Correction)

MICROFILM REF NO (SSA USE ONLY)

Unless the requested information is provided, we may not be able to issue a Social Security Number (20 CFR 422.103(b))

INSTRUCTIONS TO APPLICANT ▶ Before completing this form, please read the instructions on the opposite page. You can type or print, using pen with dark blue or black ink. Do not use pencil.

NAA NAME TO BE SHOWN ON CARD — First — Middle — Last

NAB 1 FULL NAME AT BIRTH (IF OTHER THAN ABOVE) — First — Middle — Last

ONA OTHER NAME(S) USED

STT 2 MAILING ADDRESS (Street/Apt. No., P.O. Box, Rural Route No.)

CTY STE ZIP CITY — STATE — ZIP CODE

CSP 3 CITIZENSHIP (Check one only)
- ☐ a U.S. citizen
- ☐ b Legal alien allowed to work
- ☐ c Legal alien not allowed to work
- ☐ d Other (See instructions on Page 2)

SEX 4 SEX
- ☐ MALE
- ☐ FEMALE

ETB 5 RACE/ETHNIC DESCRIPTION (Check one only) (Voluntary)
- ☐ a Asian, Asian-American or Pacific Islander (includes persons of Chinese, Filipino, Japanese, Korean, Samoan, etc., ancestry or descent)
- ☐ b Hispanic (includes persons of Chicano, Cuban, Mexican or Mexican-American, Puerto Rican, South or Central American, or other Spanish ancestry or descent)
- ☐ c Negro or Black (not Hispanic)
- ☐ d North American Indian or Alaskan Native
- ☐ e White (not Hispanic)

DOB 6 DATE OF BIRTH ▶ MONTH — DAY — YEAR — AGE 7 — PRESENT AGE — POB 8 PLACE OF BIRTH ▶ CITY — STATE OR FOREIGN COUNTRY — FD ☐

MNA 9 MOTHER'S NAME AT HER BIRTH — First — Middle — Last (her maiden name)

FNA FATHER'S NAME — First — Middle — Last

PNO 10
- a Has the person listed in item 1 above or anyone acting on that person's behalf ever applied for a social security number card before? ☐ YES (2) ☐ NO (1) ☐ Don't know (1) If yes, when? MONTH — YEAR
- b Was a card received? ☐ YES (3) ☐ NO (1) ☐ Don't know (1) If you checked yes to a or b, complete items c through e; otherwise go to item 11.

SSN
- c Enter Social Security Number ☐☐☐-☐☐-☐☐☐☐

MLC POB
- d Enter the name shown on the most recent social security card
- e Date of birth correction (See instruction 10 on page 2) ▶ MONTH — DAY — YEAR

DON 11 TODAY'S DATE ▶ MONTH — DAY — YEAR — 12 Telephone number where we can reach you during the day. Please include the area code ▶ HOME — OTHER

ASD WARNING: Deliberately furnishing (or causing to be furnished) false information on this application is a crime punishable by fine or imprisonment, or both.

13 YOUR SIGNATURE — WITNESS (Needed only if signed by mark "X")

14 YOUR RELATIONSHIP TO PERSON IN ITEM 1
- ☐ Self
- ☐ Other (Specify) _____

WITNESS (Needed only if signed by mark "X")

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)

SSN ASSIGNED ☐☐☐-☐☐-☐☐☐☐ — DTC — SSA RECEIPT DATE — NPN

DOC — NTC — CAN — BIC — SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW — DATE

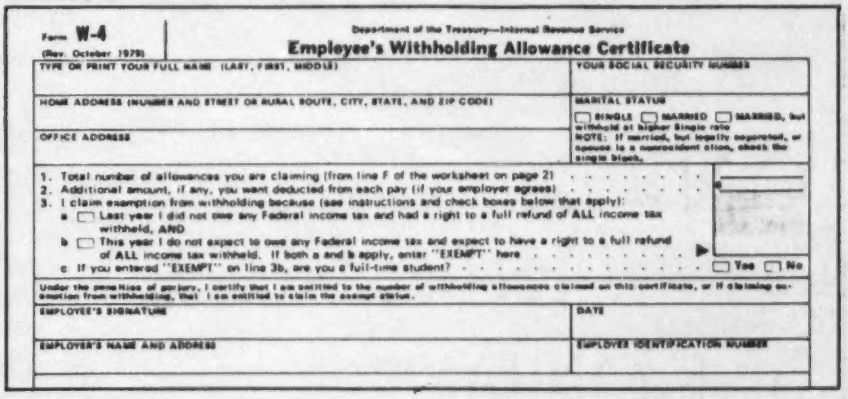
TYPE(S) OF EVIDENCE SUBMITTED — ☐ MANDATORY IN PERSON INTERVIEW CONDUCTED — DATE

IDN — ITV — DCL

Form SS-5 (7-82) 3

10-2

- W-4 Form (Employee's Withholding Allowance Certificate) - a federal or state form that tells your employer how much income tax to take out of your paycheck.



Form **W-4** (Rev. October 1979)

Department of the Treasury—Internal Revenue Service

Employee's Withholding Allowance Certificate

TYPE OR PRINT YOUR FULL NAME (LAST, FIRST, MIDDLE) | YOUR SOCIAL SECURITY NUMBER

HOME ADDRESS (NUMBER AND STREET OR RURAL ROUTE, CITY, STATE, AND ZIP CODE) | MARITAL STATUS

☐ SINGLE ☐ MARRIED ☐ MARRIED, but withhold at higher Single rate

NOTE: If married, but legally separated, or spouse is a nonresident alien, check the single block.

OFFICE ADDRESS

1. Total number of allowances you are claiming (from line F of the worksheet on page 2) . . . . . ▶
2. Additional amount, if any, you want deducted from each pay (if your employer agrees) . . . . . ▶
3. I claim exemption from withholding because (see instructions and check boxes below that apply):
   a ☐ Last year I did not owe any Federal income tax and had a right to a full refund of ALL income tax withheld, AND
   b ☐ This year I do not expect to owe any Federal income tax and expect to have a right to a full refund of ALL income tax withheld. If both a and b apply, enter "EXEMPT" here . . . . . ▶
   c If you entered "EXEMPT" on line 3b, are you a full-time student? . . . . . ☐ Yes ☐ No

Under the penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming exemption from withholding, that I am entitled to claim the exempt status.

EMPLOYEE'S SIGNATURE | DATE

EMPLOYER'S NAME AND ADDRESS | EMPLOYER IDENTIFICATION NUMBER

- Job Application Form - A form that asks for information which an employer uses to choose the best qualified person for a job.

Application for Employment

An Equal Opportunity Employer M/F

Last Name | First Name or Initial | Middle Initial | Date of Application | Social Security No.

Present Address (Include City, State and Zip Code) | Telephone No. (Area Code)

Are you at least 18 years of age? ☐ Yes ☐ No | If under 18 years of age, employment will be required to submit proof of age if hired. | Are you under 18 years of age? ☐ Yes ☐ No

Have you ever been employed by Pennzoil or any of its subsidiaries? ☐ Yes ☐ No | If yes, state unit number and address | Termination Date | Why did you leave?

Position / general work area for which you are applying | Date you can start work

Type of employment you are seeking: ☐ Full Time ☐ Part Time ☐ Temporary | If part time or temporary, state days, hours and length of time you desire employment

Describe any background experience, military service, education or training which you consider applicable to the position for which you are applying.

Names and Locations of Schools Attended		
Grammar School		
High School		
Other (Name or Type)		

Work History

Dates Employed From (Mo. / Yr.)	To (Mo. / Yr.)	Company Name and Address (Start with last or present employer)	Nature of Work During Each Employment and Supervisor's Name	Earnings Start	Earnings Leaving	Reason For Leaving
/	/					
/	/					

If you are employed at present, why do you wish to change? | If currently employed, may we contact your employer for a reference at this time? ☐ Yes ☐ No

Do you have any physical or mental condition which may limit your ability to perform the job applied for or pose a potential risk to other employees? ☐ Yes ☐ No | If yes, please explain:

Are you legally eligible to work in the United States? ☐ Yes ☐ No | If you are not a citizen, list: Type of Visa held | Document No.

List relatives employed by Pennzoil | Name and address of person to contact in an emergency

Within the last 7 years, have you been convicted of a felony involving dishonesty, breach of trust, or any property related to your future work here? ☐ Yes ☐ No

I understand that if I am employed, any misrepresentation or omission of material facts on this application is sufficient cause for dismissal. My continued employment will depend upon the successful performance of work assigned to me during a trial period of up to 90 days and upon the further need of my continued employment by the company. The company, in considering my application for employment, may verify the information set forth on this application and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any information concerning my background.

Signature as shown on Social Security Card

On all forms, be sure to answer all questions that apply to you. Print neatly so your answers are easy to read. If there is something on a form that you don't understand, don't hesitate to ask for help.

10-3

What You Have Learned About **Types of Employment Forms**

Completing Employment Forms

Directions: Fill out answers completely. Print the information. Match the words in part one with their meanings in part two.

Name:_____

PART ONE

A. Social Security Number Application Form

B. W-4 Form

C. Job Application Form

PART TWO

____ 1. A request for a Social Security number.

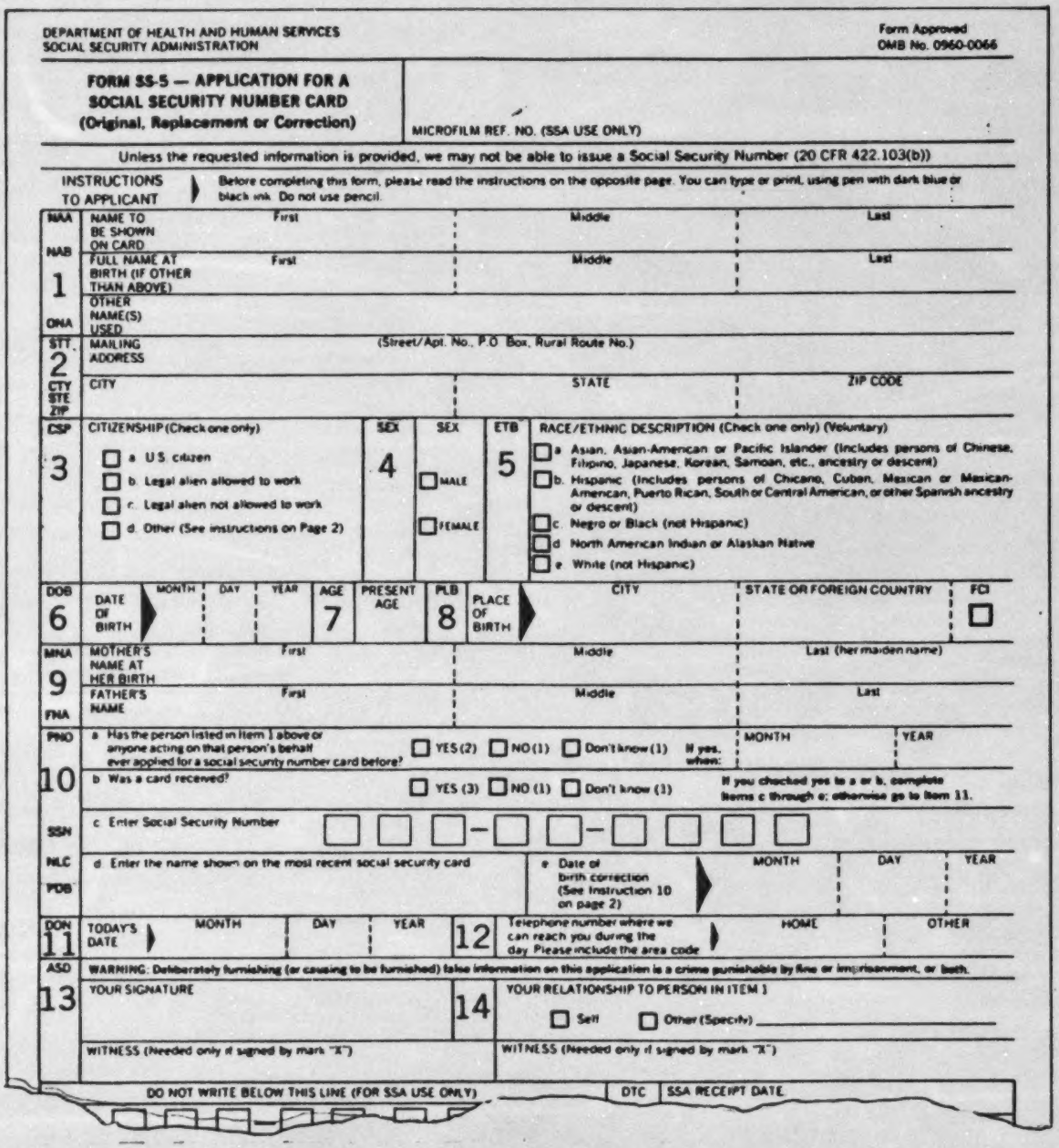
____ 2. Also called an Employee's Withholding Allowance Certificate.

____ 3. An information form used by employers to choose qualified employees.

____ 4. A form which allows your employer to remove money from your paycheck.

What You Should Know About
Completing a Social Security Number Application

Before you begin looking for a job, you should have a Social Security number. If you don't have one, you need to fill out a form requesting a Social Security number and card. You may obtain this form from the nearest Social Security Administration office. The same form is used for replacing a lost or stolen card.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
SOCIAL SECURITY ADMINISTRATION

Form Approved
OMB No. 0960-0066

FORM SS-5 — APPLICATION FOR A SOCIAL SECURITY NUMBER CARD
(Original, Replacement or Correction)

MICROFILM REF. NO. (SSA USE ONLY)

Unless the requested information is provided, we may not be able to issue a Social Security Number (20 CFR 422.103(b))

INSTRUCTIONS TO APPLICANT ▶ Before completing this form, please read the instructions on the opposite page. You can type or print, using pen with dark blue or black ink. Do not use pencil.

NAA NAB 1 ONA — NAME TO BE SHOWN ON CARD: First / Middle / Last
FULL NAME AT BIRTH (IF OTHER THAN ABOVE): First / Middle / Last
OTHER NAME(S) USED

STT 2 CTY STE ZIP — MAILING ADDRESS (Street/Apt. No., P.O. Box, Rural Route No.)
CITY / STATE / ZIP CODE

CSP 3 — CITIZENSHIP (Check one only)
- a. U.S. citizen
- b. Legal alien allowed to work
- c. Legal alien not allowed to work
- d. Other (See instructions on Page 2)

SEX 4 — SEX: MALE / FEMALE

ETB 5 — RACE/ETHNIC DESCRIPTION (Check one only) (Voluntary)
- a. Asian, Asian-American or Pacific Islander (includes persons of Chinese, Filipino, Japanese, Korean, Samoan, etc., ancestry or descent)
- b. Hispanic (includes persons of Chicano, Cuban, Mexican or Mexican-American, Puerto Rican, South or Central American, or other Spanish ancestry or descent)
- c. Negro or Black (not Hispanic)
- d. North American Indian or Alaskan Native
- e. White (not Hispanic)

DOB 6 — DATE OF BIRTH ▶ MONTH / DAY / YEAR; AGE 7 — PRESENT AGE; PLB 8 — PLACE OF BIRTH ▶ CITY / STATE OR FOREIGN COUNTRY; FCI ☐

MNA 9 FNA — MOTHER'S NAME AT HER BIRTH: First / Middle / Last (her maiden name)
FATHER'S NAME: First / Middle / Last

PNO 10 — a. Has the person listed in Item 1 above or anyone acting on that person's behalf ever applied for a social security number card before? ☐ YES (2) ☐ NO (1) ☐ Don't know (1) If yes, when: MONTH / YEAR

b. Was a card received? ☐ YES (3) ☐ NO (1) ☐ Don't know (1) If you checked yes to a or b, complete items c through e; otherwise go to Item 11.

SSN — c. Enter Social Security Number ☐☐☐-☐☐-☐☐☐☐

NLC PDB — d. Enter the name shown on the most recent social security card

e. Date of birth correction (See instruction 10 on page 2) ▶ MONTH / DAY / YEAR

DON 11 — TODAY'S DATE ▶ MONTH / DAY / YEAR

12 — Telephone number where we can reach you during the day. Please include the area code ▶ HOME / OTHER

ASD — WARNING: Deliberately furnishing (or causing to be furnished) false information on this application is a crime punishable by fine or imprisonment, or both.

13 — YOUR SIGNATURE

WITNESS (Needed only if signed by mark "X")

14 — YOUR RELATIONSHIP TO PERSON IN ITEM 1
☐ Self ☐ Other (Specify) _____

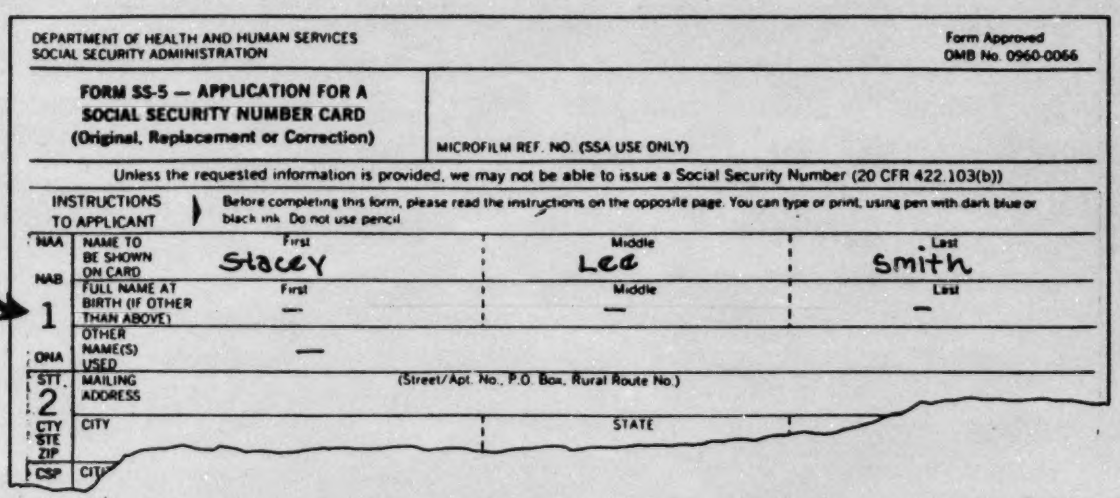
WITNESS (Needed only if signed by mark "X")

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY) | DTC | SSA RECEIPT DATE

10-5

The form looks hard, doesn't it? It's not really that bad. If you pay special attention to these questions, you can breeze through it.

1. Your card will be typed with the name you put on the first line. Put your name at birth on the second line if different from line one. Don't include a nickname unless you use it officially at school or work.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
SOCIAL SECURITY ADMINISTRATION

Form Approved
OMB No. 0960-0066

FORM SS-5 — APPLICATION FOR A SOCIAL SECURITY NUMBER CARD
(Original, Replacement or Correction)

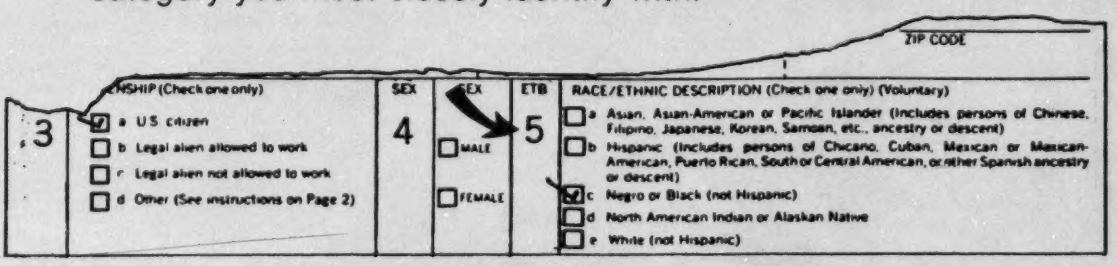
MICROFILM REF. NO. (SSA USE ONLY)

Unless the requested information is provided, we may not be able to issue a Social Security Number (20 CFR 422.103(b))

INSTRUCTIONS TO APPLICANT — Before completing this form, please read the instructions on the opposite page. You can type or print, using pen with dark blue or black ink. Do not use pencil

		First	Middle	Last
NAA	NAME TO BE SHOWN ON CARD	Stacey	Lee	Smith
NAB 1	FULL NAME AT BIRTH (IF OTHER THAN ABOVE)	—	—	—
ONA	OTHER NAME(S) USED	—		
STT 2	MAILING ADDRESS	(Street/Apt. No., P.O. Box, Rural Route No.)		
CTY STE ZIP	CITY		STATE	
CSP	CITY			

5. Your response to this question is voluntary. It has no effect on your receipt of a Social Security number. If you do answer this question, check the box beside the description of your ancestry. If you are of mixed racial/ethnic background, choose the category you most closely identify with.

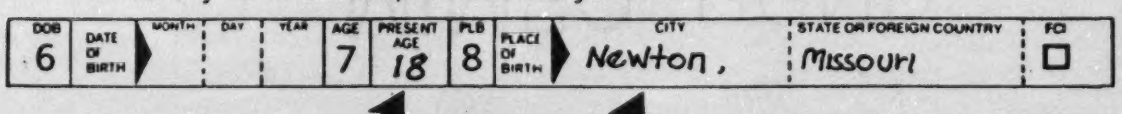


ZIP CODE

3 CITIZENSHIP (Check one only)	SEX 4	SEX	ETB 5	RACE/ETHNIC DESCRIPTION (Check one only) (Voluntary)
☑ a U.S. citizen				☐ a Asian, Asian-American or Pacific Islander (includes persons of Chinese, Filipino, Japanese, Korean, Samoan, etc., ancestry or descent)
☐ b Legal alien allowed to work		☐ MALE		☐ b Hispanic (includes persons of Chicano, Cuban, Mexican or Mexican-American, Puerto Rican, South or Central American, or other Spanish ancestry or descent)
☐ c Legal alien not allowed to work				☑ c Negro or Black (not Hispanic)
☐ d Other (See instructions on Page 2)		☐ FEMALE		☐ d North American Indian or Alaskan Native
				☐ e White (not Hispanic)

7. Present Age - Enter your age as of your last birthday.

8. Place of Birth - Enter the city and state where you were born, not where you live now, unless they are the same.



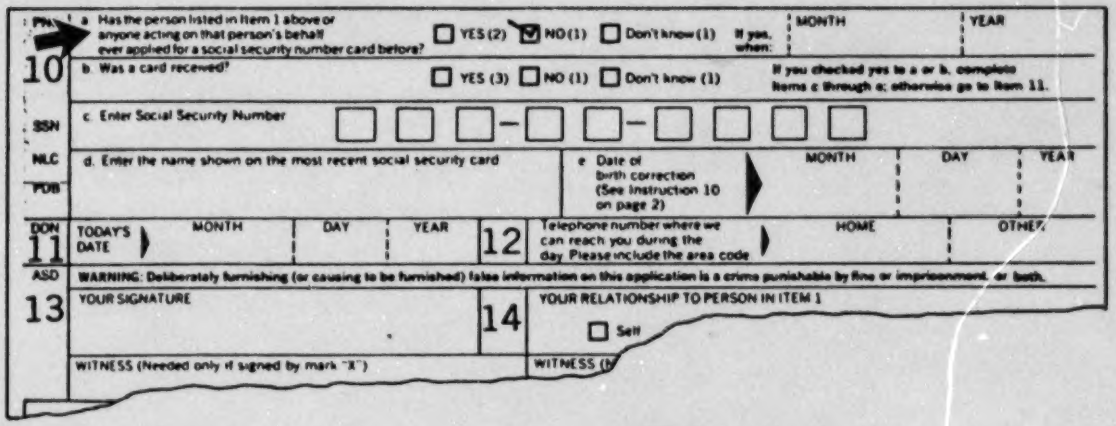
DOB 6	DATE OF BIRTH	MONTH	DAY	YEAR	AGE 7	PRESENT AGE	PLB 8	PLACE OF BIRTH	CITY	STATE OR FOREIGN COUNTRY	FC
						18			Newton,	Missouri	☐

9. The names of your parents, even if they are no longer alive, are very important to establishing your record with Social Security. Be sure to show your mother's name at her birth (her maiden name).

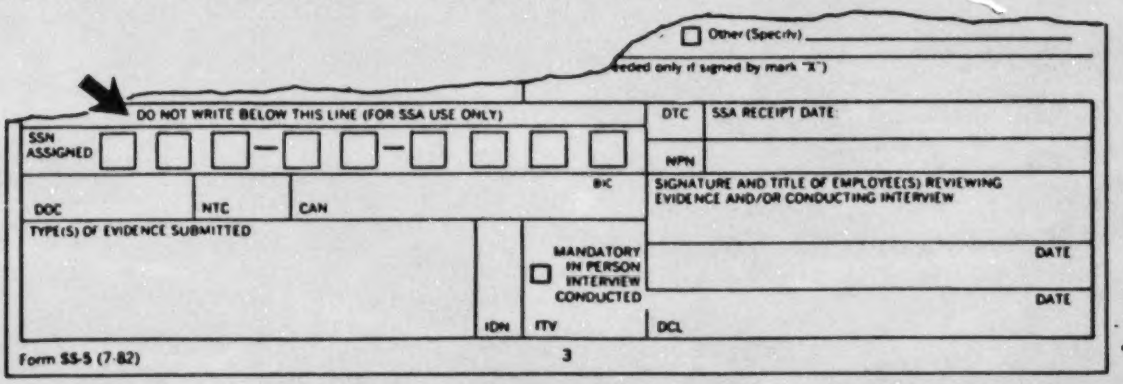
		First	Middle	Last (her maiden name)
MNA 9	MOTHER'S NAME AT HER BIRTH	Verona	Ann	Mayhew
FNA	FATHER'S NAME	William	Thomas	Smith

If your father's last name is different from your last name at birth, explain by writing "step-father" or "adoptive father" after his name.

10. You are the "person listed in Item 1 above." If you need a revised or replacement card, check "Yes" in 10a and complete 10b-10e. If you have never applied before, check "No" in 10a and go on to Item 11.

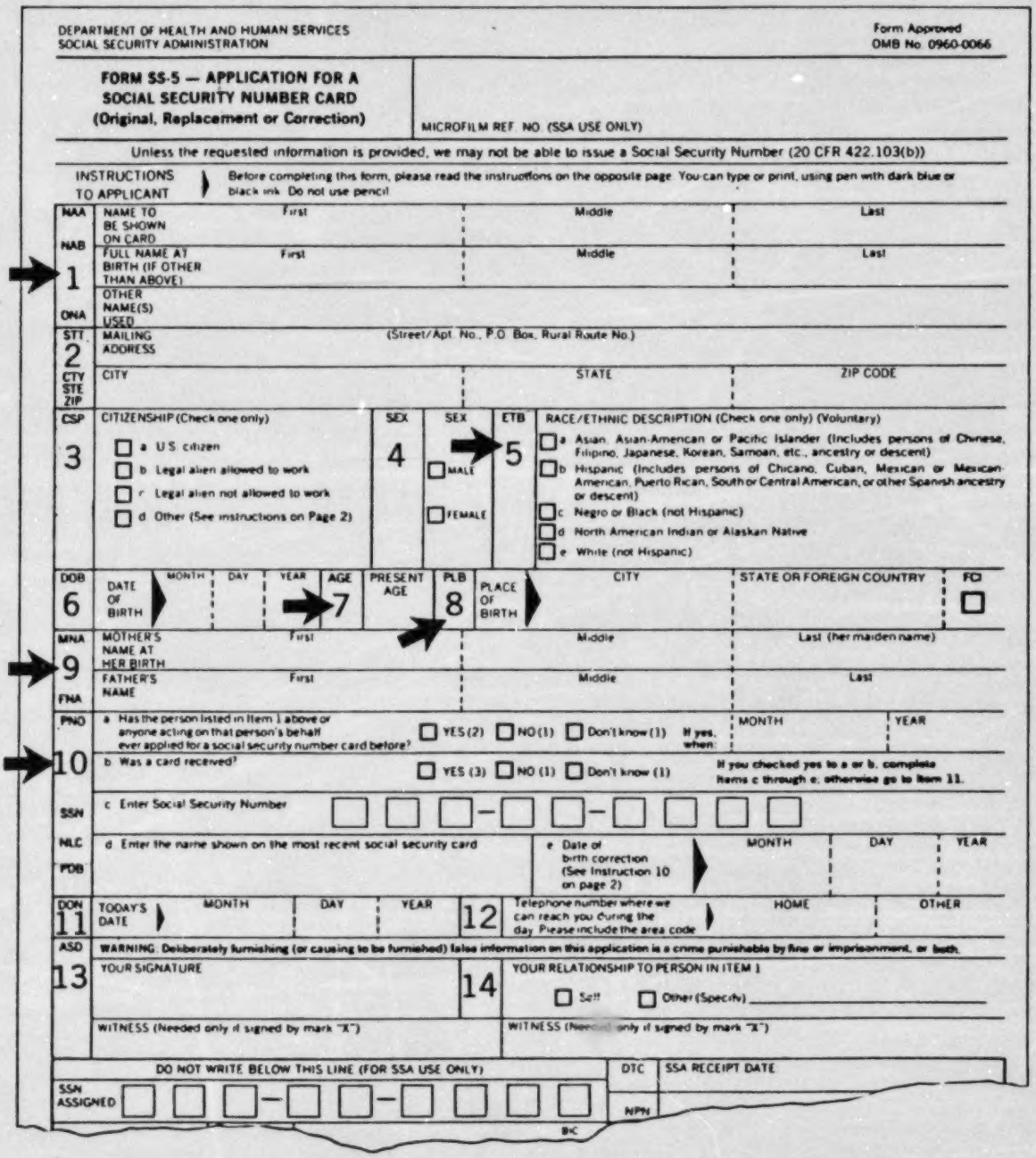

FNA
10
a. Has the person listed in Item 1 above or anyone acting on that person's behalf ever applied for a social security number card before?
YES (2)
NO (1)
Don't know (1)
If yes, when:
MONTH
YEAR
b. Was a card received?
YES (3)
NO (1)
Don't know (1)
If you checked yes to a or b, complete items c through e; otherwise go to item 11.
SSN
c. Enter Social Security Number
NLC
d. Enter the name shown on the most recent social security card
e. Date of birth correction (See instruction 10 on page 2)
MONTH
DAY
YEAR
PDB
DON
11
TODAY'S DATE
MONTH
DAY
YEAR
12
Telephone number where we can reach you during the day. Please include the area code
HOME
OTHER
ASD
WARNING: Deliberately furnishing (or causing to be furnished) false information on this application is a crime punishable by fine or imprisonment, or both.
13
YOUR SIGNATURE
14
YOUR RELATIONSHIP TO PERSON IN ITEM 1
Self
WITNESS (Needed only if signed by mark "X")
WITNESS (N

Do not write in the spaces below Items 13 and 14.



What You Have Learned About
Completing a Social Security Number Application

Use information about yourself and the instructions you have studied to fill in numbers 1, 5, 7, 8, 9 and 10. Do not fill in the rest of the form unless your instructor tells you to.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
SOCIAL SECURITY ADMINISTRATION

Form Approved
OMB No. 0960-0066

FORM SS-5 — APPLICATION FOR A SOCIAL SECURITY NUMBER CARD
(Original, Replacement or Correction)

MICROFILM REF. NO. (SSA USE ONLY)

Unless the requested information is provided, we may not be able to issue a Social Security Number (20 CFR 422.103(b))

INSTRUCTIONS TO APPLICANT — Before completing this form, please read the instructions on the opposite page. You can type or print, using pen with dark blue or black ink. Do not use pencil.

NAA / NAB / 1 / ONA — NAME TO BE SHOWN ON CARD; FULL NAME AT BIRTH (IF OTHER THAN ABOVE); OTHER NAME(S) USED — First, Middle, Last

STT / 2 / CTY STE ZIP — MAILING ADDRESS (Street/Apt. No., P.O. Box, Rural Route No.); CITY; STATE; ZIP CODE

CSP / 3 — CITIZENSHIP (Check one only)
- a U.S. citizen
- b Legal alien allowed to work
- c Legal alien not allowed to work
- d Other (See instructions on Page 2)

SEX / 4 — SEX
- MALE
- FEMALE

ETB / 5 — RACE/ETHNIC DESCRIPTION (Check one only) (Voluntary)
- a Asian, Asian-American or Pacific Islander (Includes persons of Chinese, Filipino, Japanese, Korean, Samoan, etc., ancestry or descent)
- b Hispanic (Includes persons of Chicano, Cuban, Mexican or Mexican-American, Puerto Rican, South or Central American, or other Spanish ancestry or descent)
- c Negro or Black (not Hispanic)
- d North American Indian or Alaskan Native
- e White (not Hispanic)

DOB / 6 — DATE OF BIRTH: MONTH, DAY, YEAR; AGE / 7 — PRESENT AGE; PLB / 8 — PLACE OF BIRTH: CITY, STATE OR FOREIGN COUNTRY; FC

MNA / 9 / FNA — MOTHER'S NAME AT HER BIRTH: First, Middle, Last (her maiden name); FATHER'S NAME: First, Middle, Last

PNO / 10 / SSN / NLC / PDB
- a Has the person listed in Item 1 above or anyone acting on that person's behalf ever applied for a social security number card before? ☐ YES (2) ☐ NO (1) ☐ Don't know (1) If yes, when: MONTH, YEAR
- b Was a card received? ☐ YES (3) ☐ NO (1) ☐ Don't know (1) — If you checked yes to a or b, complete items c through e; otherwise go to Item 11.
- c Enter Social Security Number ☐☐☐-☐☐-☐☐☐☐
- d Enter the name shown on the most recent social security card
- e Date of birth correction (See Instruction 10 on page 2): MONTH, DAY, YEAR

DON / 11 — TODAY'S DATE: MONTH, DAY, YEAR

12 — Telephone number where we can reach you during the day. Please include the area code: HOME, OTHER

ASD — WARNING: Deliberately furnishing (or causing to be furnished) false information on this application is a crime punishable by fine or imprisonment, or both.

13 — YOUR SIGNATURE

WITNESS (Needed only if signed by mark "X")

14 — YOUR RELATIONSHIP TO PERSON IN ITEM 1
- ☐ Self
- ☐ Other (Specify) _____

WITNESS (Needed only if signed by mark "X")

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)

SSN ASSIGNED ☐☐☐-☐☐-☐☐☐☐

DTC

NPN

SSA RECEIPT DATE

BC

10-8

What You Should Know About
Completing a Job Application Form

For almost every job you will need to fill out an application form. Employers use the information you give to help them choose the best qualified person for the job.

Application for Employment

An Equal Opportunity Employer M/F

Date of Application

Last Name | First Name or Initial | Middle Initial | Social Security No. ___ __ ____

Street Address (Include City, State and Zip Code) | Telephone No. (Inc. Area Code) ( )

Are you at least 18 years of age? ☐ Yes ☐ No | Are you under 70 years of age? ☐ Yes ☐ No

If under 18 years of age, applicant will be required to submit a work certificate if required by the state

Have you ever been employed by Pennays or any of its subsidiaries? ☐ Yes ☐ No | If yes, note unit number and address | Termination Date | Why did you leave?

Position / general work area for which you are applying | Date you can start work

Type of employment you are seeking ☐ Full Time ☐ Part Time ☐ Temporary | If part time or temporary, note days, hours and length of time you desire employment

Describe any background experience, military service, education or training which you consider applicable to the position for which you are applying

Names and Locations of Schools Attended	Did you graduate? Yes	No
Grammar School		
High School		
Other (Name or Type)		

Federal law and a majority of state laws prohibit discrimination in employment because of sex, race, color, religion, age, handicap, and national origin. The 1978 amendments to the Age Discrimination in Employment Act of 1967 prohibit discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age. Of course, the company observes all valid state and local laws which have a higher age requirement.

JCP-8300-1 (Rev. 9/81) (front)

Work History

Dates Employed From Mo. / Yr.	Dates Employed To Mo. / Yr.	Company Name and Address (Start with last or present employer)	Nature of Work During Each Employment and Supervisor's Name	Earnings Start	Earnings Leaving	Reason For Leaving
/	/					
/	/					

If you are employed at present, why do you wish to change?

If currently employed, may we contact your employer for a reference at this time? ☐ Yes ☐ No

Do you have any physical or mental condition which may limit your ability to perform the job applied for or pose a potential risk to other employees? ☐ Yes ☐ No | If yes, please explain:

Are you legally eligible to work in the United States? ☐ Yes ☐ No | If you are not a citizen list: Type of Visa held | Document No.

List relatives employed by Pennays | Name and address of person to contact in an emergency

Within the last 7 years, have you been convicted of a felony involving dishonesty, breach of trust, or one closely related to your future work here? ☐ Yes ☐ No

I understand that if I am employed, any misrepresentation or omission of material facts on this application is sufficient cause for dismissal. My continued employment will depend upon the successful performance of work assigned to me during a trial period of up to 90 days and upon the further need of my continued employment by the company. The company, in considering my application for employment, may verify the information set forth on this application and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any information concerning my background.

Signature as shown on Social Security Card

8300-1 (Rev. 9/81) (back)

10-9

Here are some suggestions to help you complete job application forms correctly. A good application makes you look good!

- PRINT NEATLY AND ANSWER ALL QUESTIONS.

If a question doesn't apply to you, print NA (not applicable) or make a short line through the space.

PERSONAL DATA

Last Name	First Name	Middle Name
Smith	Stacey	Lee

Home Address	Number, Street, City, State and Zip Code: 10 SOUTH SIXTH ST. COLUMBIA, MO. 65211
School Address	Number, Street, City, State and Zip Code (If Applicable): N/A

- PRINT IN THE SPECIFIC JOB NAME OR TYPE OF JOB YOU PREFER.

Job application forms ask about the type of job you are applying for. Never answer with "anything." Employers expect you to know what job you want and can do.

For What Position Are You Applying?	First Choice: Shipping Clerk			Second Choice: Assistant to
If You Are Not A United States Citizen, Do You Have The Legal Right To Secure Permanent Employment? ☐ Yes ☐ No	Are You Under 18? ☐ Yes ☒ No	Periods of U.S. Military Service	From: — To: —	Branch of Service: —
What Foreign Language Can You Speak and Write Fluently?				Would You Consider Foreign Employment?

- BE PREPARED TO LIST YOUR EDUCATIONAL BACKGROUND.

List schools you have attended, their addresses, courses you took and dates you attended. Use your personal data sheet or card to help you remember this information.

Name of School or College	Location	Attended From Mo.	Attended From Yr.	Attended To Mo.	Attended To Yr.	Did You Graduate?
High School: HICKMAN HIGH SCHOOL	City, State and Zip Code: COLUMBIA, MO 65211	8	78	5	82	YES
College or University: —	—	-	-	-	-	Degree: —
Other Schools Attended: COLUMBIA AREA CAREER CENTER	COLUMBIA, MO 65211	8	82	5	83	
Correspondence Course: —	—					

10-10

- BE PREPARED TO LIST YOUR WORK RECORD.

Make sure you know the address of the business, supervisor's name and duties you performed. List your present or most recent job first, then each preceding job. Use the information from your personal data sheet or card.

EMPLOYMENT DATA (List all employment in chronological order - last position first - includ

Employer	Address	Position Title
INSTRUCTIONAL MATERIALS LABORATORY	10 INDUSTRIAL ED, COLUMBIA, MO. 65211	Assistant Shipp

Describe Work Experience: worked part-time at locating, boxing and shipping material while going to

Dates Employed (Mo./Yr.)	Base Salary	Name of Supervisor	Reason for Leaving
From MAY 1983 To PRESENT	$3.35 HR.	Rhonda Piney	Need higher paying jo

Employer	Address	Position Title
University Book Store	101 PROVIDENCE RD, COLUMBIA, MO 65211	Inventory Stock

Describe Work Experience: stocked shelves, maintained inventory for campus book store

Dates Employed (Mo./Yr.)	Base Salary	Name of Supervisor	Reason for Leaving
From MAY '82 To AUG. '82	$2.90 HR	ED REEDMORE	WENT BACK TO SCHOOL

Employer	Address	Position Title
MYSELF	10 SOUTH 6TH ST. COLUMBIA, MO 65211	BABYSITTING

Describe Work Experience: BABYSAT FOR 3 CHILDREN (AGES 3,4,+6) IN OUR NEIGHBORHOOD

Dates Employed (Mo./Yr.)	Base Salary	Name of Supervisor	Reason for L
From 1980 To 1983	2.00 HR	—	

Employer

- BE PREPARED TO LIST SOME GOOD REFERENCES.

These are people who would recommend you for the job. Be sure you have permission to use someone as a reference. Do not use relatives.

PERSONAL REFERENCES OTHER THAN FORMER EMPLOYERS AND RELATIVES

Name	Address	Occupation
ADAM SPARHEJON	INSTRUCTIONAL MATERIALS LAB 10 INDUSTRIAL ED. COLUMBIA, MO 65211	Staff Coor
ED REEDMORE	UNIVERSITY BOOK STORE 101 PROVIDENCE RD. COLUMBIA, MO 65211	Supervisc

What You Have Learned About
Completing a Job Application Form

ASSEMBLY WORK - FOR NEW MINI-VAN

$7.80 per hour starting salary for qualified applicants with no experience. Company will run three eight-hour shifts, seven days per week. First shift will begin June 30. Applicants must be 18 years old by that time. After 12 months, employees will be eligible for transfer to other branches within the USA.

Directions: These are questions that are often asked on job applications. Answer the questions as if you were applying for this job. Ask your instructor about any questions that you don't understand.

1. Are you a U.S. citizen? _____

   If not, do you have the legal right to remain permanently in the United States? _____

2. Have you ever been convicted of a felony? _____
   If so, complete the following (do not include traffic violations):

   Date: _____

   Place: _____

   Offense: _____

   Disposition: _____

3. May we contact your present employer?

   Yes _____ No _____

4. What is the salary desired? _____

5. If hired, would you consider working at another location?

   Yes _____ No _____

6. If required, would you be willing to work:
   a. Shift work?

      Yes _____ No _____

   b. Overtime work?

      Yes _____ No _____

   c. Rotation schedule?

      Yes _____ No _____

   d. Work on weekends and/or holidays?

      Yes _____ No _____

7. Are you willing to travel?
   Yes _____ No _____

8. When could you be available to begin work? _____

9. Do you speak fluently, or write a language other than English?
   Yes _____ No _____
   If yes, what language? _____

10. Do you have a disability which could limit your performance of the job you are applying for?
    Yes _____ No _____
    If yes, describe: _____
    _____

11. Are you at least 18 years of age?
    Yes _____ No _____

12. If you are employed at present, why do you wish to change jobs?
    _____

13. Do you have any friends or relatives who work for this company?
    _____

14. Do you have a driver's license?
    Yes _____ No _____

15. How much work have you missed due to illness in the last year?
    _____

16. Have you had military service?
    Yes _____ No _____
    What branch of service? _____ Date of Discharge: _____

17. If you have not completed high school, circle the last grade of education you have completed.
    1 2 3 4 5 6 7 8 9 10 11 12

18. Indicate degrees you hold or other education:
    College: _____ _____
    Other (business or technical school): _____
    _____

Remember: You could lose your job if any of your answers are dishonest.

Name:_____

Unit 10 Review

1. Match each definition with the type of form it describes.

_____ a. A request for a Social Security card and number.

_____ b. A federal or state form that tells your employer how much income tax to take out of your paycheck.

_____ c. Asks for information an employer needs to choose the best qualified person for a job.

1. W-4 form
2. Job Application form
3. Social Security Number application

2. Complete Items 1-14 on the sample Social Security Number application below.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
SOCIAL SECURITY ADMINISTRATION

Form Approved
OMB No. 0960-0066

FORM SS-5 — APPLICATION FOR A SOCIAL SECURITY NUMBER CARD
(Original, Replacement or Correction)

MICROFILM REF. NO. (SSA USE ONLY)

Unless the requested information is provided, we may not be able to issue a Social Security Number (20 CFR 422.103(b))

INSTRUCTIONS TO APPLICANT ▶ Before completing this form, please read the instructions on the opposite page. You can type or print, using pen with dark blue or black ink. Do not use pencil.

NAA / NAB — **1** — NAME TO BE SHOWN ON CARD / FULL NAME AT BIRTH (IF OTHER THAN ABOVE) — First | Middle | Last

ONA — OTHER NAME(S) USED

STT — **2** — MAILING ADDRESS (Street/Apt. No., P.O. Box, Rural Route No.)

CTY STE ZIP — CITY | STATE | ZIP CODE

CSP — **3** — CITIZENSHIP (Check one only)
- ☐ a U.S. citizen
- ☐ b Legal alien allowed to work
- ☐ c Legal alien not allowed to work
- ☐ d Other (See instructions on Page 2)

SEX — **4** — SEX: ☐ MALE ☐ FEMALE

ETB — **5** — RACE/ETHNIC DESCRIPTION (Check one only) (Voluntary)
- ☐ a Asian, Asian-American or Pacific Islander (Includes persons of Chinese, Filipino, Japanese, Korean, Samoan, etc., ancestry or descent)
- ☐ b. Hispanic (Includes persons of Chicano, Cuban, Mexican or Mexican-American, Puerto Rican, South or Central American, or other Spanish ancestry or descent)
- ☐ c. Negro or Black (not Hispanic)
- ☐ d. North American Indian or Alaskan Native
- ☐ e. White (not Hispanic)

DOB — **6** — DATE OF BIRTH ▶ MONTH | DAY | YEAR — AGE — **7** — PRESENT AGE — PLB — **8** — PLACE OF BIRTH ▶ CITY | STATE OR FOREIGN COUNTRY | FCI ☐

MNA — **9** — MOTHER'S NAME AT HER BIRTH — First | Middle | Last (her maiden name)

FNA — FATHER'S NAME — First | Middle | Last

PNO — **10**
- a. Has the person listed in Item 1 above or anyone acting on that person's behalf ever applied for a social security number card before? ☐ YES (2) ☐ NO (1) ☐ Don't know (1) If yes, when: MONTH | YEAR
- b. Was a card received? ☐ YES (3) ☐ NO (1) ☐ Don't know (1) **If you checked yes to a or b, complete items c through e; otherwise go to Item 11.**

SSN
- c. Enter Social Security Number ☐☐☐-☐☐-☐☐☐☐

NLC / POB
- d. Enter the name shown on the most recent social security card
- e. Date of birth correction (See Instruction 10 on page 2) ▶ MONTH | DAY | YEAR

DON — **11** — TODAY'S DATE ▶ MONTH | DAY | YEAR — **12** — Telephone number where we can reach you during the day. Please include the area code ▶ HOME | OTHER

ASD — **WARNING: Deliberately furnishing (or causing to be furnished) false information on this application is a crime punishable by fine or imprisonment, or both.**

13 — YOUR SIGNATURE — **14** — YOUR RELATIONSHIP TO PERSON IN ITEM 1: ☐ Self ☐ Other (Specify) _____

WITNESS (Needed only if signed by mark "X")

WITNESS (Needed only if signed by mark "X")

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)

SSN ASSIGNED ☐☐☐-☐☐-☐☐☐☐ — DTC — SSA RECEIPT DATE

NPN

DOC | NTC | CAN | BIC

SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW

TYPE(S) OF EVIDENCE SUBMITTED

☐ MANDATORY IN PERSON INTERVIEW CONDUCTED

DATE

IDN | ITV | DCL — DATE

Form SS-5 (7-82) 3

10-15

3. Complete the sample job application below. Use the information from your personal data sheet or card.

Application for Employment

An Equal Opportunity Employer M/F

Date of Application

Last Name | First Name or Initial | Middle Initial | Social Security No. — —

Street Address (Include City, State and Zip Code) | Telephone No. (Inc. Area Code) ( )

Are you at least 18 years of age? ☐ Yes ☐ No
If under 18 years of age, applicant will be required to submit a work certificate if required by the state

Are you under 70 years of age? ☐ Yes ☐ No

Have you ever been employed by Penneys or any of its subsidiaries? ☐ Yes ☐ No

If yes, note unit number and address | Termination Date | Why did you leave?

Position / general work area for which you are applying | Date you can start work

Type of employment you are seeking
☐ Full Time ☐ Part Time ☐ Temporary

If part time or temporary, note days, hours and length of time you desire employment

Describe any background experience, military service, education or training which you consider applicable to the position for which you are applying

Names and Locations of Schools Attended	Did you graduate? Yes	No
Grammar School		
High School		
Other (Name or Type)		

Federal law and a majority of state laws prohibit discrimination in employment because of sex, race, color, religion, age, handicap, and national origin. The 1978 amendments to the Age Discrimination in Employment Act of 1967 prohibit discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age. Of course, the company observes all valid state and local laws which have a higher age requirement.
JCP-8300-1 (Rev. 9/81) (Front)

Work History

Dates Employed From Mo. / Yr.	To Mo. / Yr.	Company Name and Address (Start with last or present employer)	Nature of Work During Each Employment and Supervisor's Name	Earnings Start	Earnings Leaving	Reason For Leaving
/	/					
/	/					

If you are employed at present, why do you wish to change?

If currently employed, may we contact your employer for a reference at this time?
☐ Yes ☐ No

Do you have any physical or mental condition which may limit your ability to perform the job applied for or pose a potential risk to other employees? ☐ Yes ☐ No
If yes, please explain:

Are you legally eligible to work in the United States? ☐ Yes ☐ No
If you are not a citizen list: Type of Visa held | Document No.

List relatives employed by Penneys

Name and address of person to contact in an emergency

Within the last 7 years, have you been convicted of a felony involving dishonesty, breach of trust, or one closely related to your future work here?
☐ Yes ☐ No

I understand that if I am employed, any misrepresentation or omission of material facts on this application is sufficient cause for dismissal. My continued employment will depend upon the successful performance of work assigned to me during a trial period of up to 90 days and upon the further need of my continued employment by the company. The company, in considering my application for employment, may verify the information set forth on this application and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any information concerning my background.

Signature as shown on Social Security Card

10-16